

Major

Student Driving Record

Driving School

(Circle 1) What will your age be in 7 months? -15 16 17 18+

Nearest large intersection _____/_____

** On the back, please draw a map showing how to get to your house. Make the top North.

Date: _____ Class: _____ Program: _____-S1-____-22

Name: First _____ Middle _____ Last _____ Birthdate: ____/____/____
Mo Day Year

List the home address for pickup and drop off. This must remain the same for the entire 6 weeks.

Number _____ Street _____ City _____ Zip _____
Parent Cell() _____ Other Cell() _____ Student Cell() _____

School: _____ Grand Blanc-East or West Time dismissed: _____

OFFICE USE ONLY *** PLEASE, DO NOT MARK IN THE BOXES BELOW.**

1-1-12 4pm-6pm Mon home to class						
hm=home, cls=class h.s.=school						

Please be aware the practice driving may take 6 weeks to complete and you will receive your certificate then.
Below, Please list anything you will be doing during the next 6 weeks when you are not in school or driver ed.

Write NONE if you don't have anything.

Exact dates and times of Sports Schedule: _____

Exact dates and times of Vacations: _____

Exact dates and times of Student's Work Schedule: _____

Exact dates and times of other conflicts or activities like church, doctor appt., weekend vacas: _____

Exact dates and times of Days off School, late starts, early dismissals, teacher in service, half days: _____

Student Signature: _____ **Date:** _____